ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE	
FEE DETERMINATION	Bm my		06-00-01	6/20/01
O.I.P.E. CLASSIFIER				
FORMALITY REVIEW	S.H	1085	8-01-01	
RESPONSE FORMALITY REVIEW				

INDEX OF CLAIMS

✔	.... Rejected	N .... Non-elected
=	.... Allowed	I .... Interference
–	(Through numeral)... Canceled	A .... Appeal
÷	.... Restricted	O .... Objected

Claim Final	Original	Date
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If more than 150 claims or 10 actions
staple additional sheet here

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